

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010805

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 130

STATE FILE NUMBER

FILED MAR 25 1963

|  |                           |   |                                   |
|--|---------------------------|---|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cedar</u>  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Cedar</u>                         |                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>El Dorado Springs</u>                      |                           | Length of stay in lb <u>8 Days</u>  |                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTE <u>Cedar Co. Memorial Hospital</u>    |                           | d. STREET ADDRESS (If outside, give location)<br><u>310 N. Grand</u>  |                                   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Walter</u> Middle <u>L.</u> Last <u>Estes</u>                      |                           | 4. DATE OF DEATH<br>Month <u>MAR</u> Day <u>14</u> Year <u>1963</u>   |                                   |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-8-1876</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Mail Carrier</u> |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>  |                                   |
| 11. BIRTHPLACE (City and state or country)<br><u>Missouri</u>  |                           | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>  |                                   |
| 13a. FATHER'S NAME<br><u>Richard H. Estes</u>  |                           | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Young</u>  |                                   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Maudie Estes</u>   |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of)   |                                   |
| 16. SOCIAL SECURITY NO.  |                           | 17. INFORMANT<br>Address  |                                   |

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Thoracic Carcinomatosis</u>    |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>undetermined</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Origin unknown</u>     |  |  |
| DUE TO (c)   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |  |  |
|---|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |
| 20c. TIME OF INJURY<br>Hour <u>7:45</u> a.m. <u>10</u> p.m.   | Month, Day, Year <u>March 14, 1963</u>  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION<br><u>El Dorado Springs, Mo.</u>                                |  |
| 21. I attended the deceased from <u>March 1962</u> to <u>March 14, 1963</u> and last saw him alive on <u>March 14, 1963</u><br>Death occurred at <u>7:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Wm. C. Sunderwirth, D.O.</u>   |   | 22b. ADDRESS<br><u>El Dorado Springs, Mo.</u>  | 22c. DATE SIGNED<br><u>3/15/63</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>Mar. 17-1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>City Cemetery</u>                                   | 23d. LOCATION (City, town, or county) (State)<br><u>El Dorado Springs, Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>Melvin L. Janssens, El Dorado Spgs, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>3-18-63</u>   |  |
|   |   | 26. REGISTRAR'S SIGNATURE<br><u>Joe E. Burham p.m.</u>                                       |  |

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

1 0201

2 02012

3

4 0

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9 164X

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12 1-2

13 1-0

MAY 6 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Melvin L. Jensen*

Licensed Embalmer No. 4529

P. O. Address El Dorado Sp 92

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No Permit Obtained